

Summary of our Open Letter.

Fully referenced facts and studies are attached to support this summarization.

1. Why the letter? We are writing on behalf of all citizens of this province with special emphasis on:
  - Seniors and Immune Compromised: Substantially reduce death and suffering from complications of COVID-19.
  - Our Children: Keeping them in school, without masks and getting them back into their extra-curricular activities
  - All Citizens: Educate everyone on how to naturally **boost their immune systems** by introducing a disease **preventative (Prophylaxis) approach** with Vitamins (D and C) and Minerals (zinc) to better stave off **contracting the disease**
  - Initiate **Alternative Treatment Approaches** for COVID-19 for those infected through an Early Outpatient protocol **to reduce mortality rates** using repurposed pharmaceuticals that have been in use for 50 or 60 years without dangerous side affects.
  - Examine **the Collateral Damage of the current and past protocols** of masks, isolation, and partial and full lockdowns
  - Reimagine a new way, a better way, to manage the virus while enhancing protection and reducing infections and deaths, allowing life to return to normal, especially for our isolated seniors, our children, and our small businesses.
  - **Vaccine**: Discuss length of time until full rollout, how effective is it, Risk vs Return

**COALITION for a COMMON SENSE APPROACH TO COVID-19**

An Open Letter to:

January 27, 2021

Premier Scott Moe  
Chief Medical Officer Dr. Saqib Shahab  
Health Minister Paul Merriman  
Members of the Legislative Assembly of Saskatchewan

First off, thank you for the work you have been doing in these challenging and unprecedented times. Unfortunately, lives have been lost in this province as people have died with COVID-19 and this is extremely sad. We believe we can speak for many in the province when we say that one life lost is one too many and thus, the reason for this letter.

As frustrated citizens of this Province, this letter is written with the utmost sincerity and concern with regards to the provincial response to COVID-19. We truly wish to be part of the solution rather than simply protesting and complaining.

### **Objective of this letter.**

- Reduce mortality rates and suffering from COVID-19 complications
- Protect our most vulnerable in a better way
- Reduce the strain on our hospitals
- Reduce mental health problems related to the COVID restrictions
- Get our children back to extra-curricular activities
- Re-open our economy to save our small businesses and restore our way of life.

### **How?**

- Protect citizens from contracting COVID-19 by boosting immune systems
- Address available treatments for those that contract the virus

The intent of this letter is to outline the history of the virus in the province, the government response, the collateral damage of full and partial lockdowns and provide a workable solution to fully reopen the economy while reducing death rates. The intent is to benefit all people of this province but especially our seniors or immune compromised, our children whose development is being interfered with and our business community that are at risk of losing everything if the current practices continue.

We provide extensive references to back up this letter which we attach under “**Appendix**” and italicized **References** throughout the contents.

Saskatchewan and Canada have been following the lead of many other jurisdictions, mainly those in North America and Western Europe, receiving guidance from the World Health Organization (WHO), and quite frankly, they aren't working. The orders, restrictions, and guidance has been consistent; “wash your hands, stay six feet apart, don't gather as a family, wear a mask, and get vaccinated.” Mandatory masking and lockdowns have not shown to prevent COVID-19 when compared to other countries and states that have not imposed those arbitrary and contradictory policies. *(Ref: A, 1-9), Lockdowns and Collateral Damage of them)*, Facts show that since implementing mandatory masks and partial lockdowns in Saskatchewan, our deaths have spiked.

We believe most people in the province fit into one of two categories: **The Fearful or The Frustrated.** This is a broad-based assumption based on our personal interactions with people. The competing interests of these two factions have only diverged further as time has gone on.

The extreme of the **Fearful crowd** would have you shut-down the Province for at least two weeks with no concern whatsoever for the sociological or financial aspects of others. This is a complete non-sensical approach as these radical measures have shown to have a more adverse effect on people than the actual virus does. *(Ref: see charts on Europe) (Ref: North and South Dakota comparison) (Ref: chart on counties in Florida)*

The extreme of the **Frustrated crowd** seeks a complete re-opening of the province, back to life as it was before March 2020 without suggesting any change to prophylaxis or pharmaceutical treatments.

I think it is fair to say that a vast majority of the province fit in the middle regardless of the category they resonate with. This is where we fit in and thus ask, **“why are we not dealing with the inevitable and using alternative approaches so that we can resume life again, at the same time stopping the social and financial damages that are occurring while better protecting the most vulnerable?”**

We are suggesting a new approach – **a solutions-based approach** that identifies our most significant problems and then acts swiftly to fix them. We believe it is safe to say that the four biggest issues we face are:

1. Protecting our most vulnerable (seniors, children, those with compromised immune systems)
2. Keeping the balance of our society healthy
3. Keeping the hospitals from being overrun.
4. Ensuring that our economy and way of life is not jeopardized any further.

This letter comes from the right place, we are concerned about the conventional approach being taken and ask that you take this as serious as we do. We want to help all the people of this province and propose a commonsense approach that most everyone can agree on. We will identify what has happened, what measures have been taken, outline what other jurisdictions have done with much more success and propose our solution.

We are not doctors, nor scientists, but we have talked to many and believe that the research we come forth with is backed by reputable sources. Additionally, we approached numerous medical professionals in Saskatchewan to sign the letter and while many were in full agreement with our suggestions, they declined to sign it out of fear of client, internal regulatory groups and public backlash.

### **What has happened in our province?**

- We were told to expect a pandemic tsunami, the likes of which would overwhelm our healthcare system and kill millions. This has not happened. The predictions were grossly overstated.
- Most every medical procedure was cancelled to make room for COVID
- We locked down and the people of the Province were compliant and patient.
- Kids were taken out of school and extra-curricular activities which is devastating to their development and mental health
- Social distancing was implemented, we washed our hands and stayed home
- We re-opened for awhile
- We were instructed to go back to partial lockdown with mandatory masks, shut down all public gatherings, all sports, all children's activities, and limit household gatherings.
- Since November 6<sup>th</sup> when Saskatoon, Regina and PA (Nov. 19<sup>th</sup> for the rest of the province) were required to wear masks in public places our cases have went from a rolling 7-day average of 80 to around 300 and well over 50% of our total deaths with COVID have occurred in that time frame.

I think it is safe to say that this is not the pandemic that was predicted, and yet current guidelines would indicate we are in a crisis. **(Ref; B, 1-2, Deaths held Accountable)**

Provincial address January 26, 2021.

Dr. Shahab, with regards to your address to the public on January 26, 2021, you mentioned a few things that jump out at us.

1. You want to keep hospitalizations down, but you make no mention of any measures people can take to boost their immune system, or any early outpatient protocol used in numerous countries and jurisdictions around the world and we question why? According to the research we provide these protocols reduce the chances of contracting COVID 19, reduce the severity and suffering if you do have symptoms and reduce mortality rates. We ask, why are these treatments not being examined?
2. You speak of our cases per capita being higher than anywhere in Canada and state this lowering the number of cases is your goal at a time when numerous reports have recently come out, including the World Health Organization, stating that the PCR tests are inaccurate and create a high number of false positives. See our notes below.
3. You mentioned that we were, "doing really well until November" which coincides with your mandate instructing everyone wear a mask in public. The order seems to have produced the opposite results.
4. You mention additional measures might be forthcoming and we assume you mean further lockdowns. We provide numerous reports showing that not only do masks and PCR tests not work but neither do lockdowns. Additionally, we provide research reports showing the collateral damage from lockdowns surpasses the mortality from COVID 19. And further, if we were to commence evidence-based early and preventative treatment, using supplements and repurposed drugs, that the mortality rate would even be lower.

Is it any wonder why people are becoming cynical when they read about other countries with less resources than ours having better success in dealing with the virus without any masking or lockdowns? People are doing their own research and becoming more and more educated and this is making people more upset. They don't like being insulted.

We believe that as our elected and paid public servants you are obligated to provide the citizens of this province the absolute best treatments that the world has to offer and to ignore them is morally wrong. If our approach as a province is to uncritically follow Dr. Tam and Health Canada, why do we bother having a provincial arm? Our testing, masking and restrictions do not differ significantly than other jurisdictions. If we are unable or afraid to blaze our own trail, then why not leave it up to Dr. Tam and PM Trudeau to set guidelines.

How many more people must commit suicide, take a drug overdose or be subjected to domestic abuse before we use the best approaches? How many more bankruptcies of our small businesses, the once proud backbone of Saskatchewan must occur? How many more days, weeks, months must children stay away from their friends, miss valuable exercise and sporting activities while they sit in their basements in front of a screen? How many more calls to 911 from kids and adults considering hurting themselves before we do all we can for this province? How many more of our elders must sit alone day after day and die from heartbreak because we don't protect them better through verified methods used worldwide? How many more people must suffer or die from cancer, heart attack or stroke because they have had procedures cancelled or they avoided seeking medical treatment because of the daily messages of fear from the media and the government? In a true pandemic, is it not the job of government to calm the people and if so, then why is the media and government continually blasting people with fear-based messaging?

We beg of you to address these issues that we have spent months collecting and researching, we want to be part of the solution not the problem. You have consistently stated that we are all in this together and here we are, determined to make a positive and significant difference. Mental illness was at epidemic levels prior to this lockdown and today we would argue that it is now the true pandemic. By putting in place some of these strategies we believe we will keep people out of the hospital and healthier and allow our economy to reopen without all the fear.

## COVID- the illusion of control. (published December 28, 2020, Swiss Policy Research)

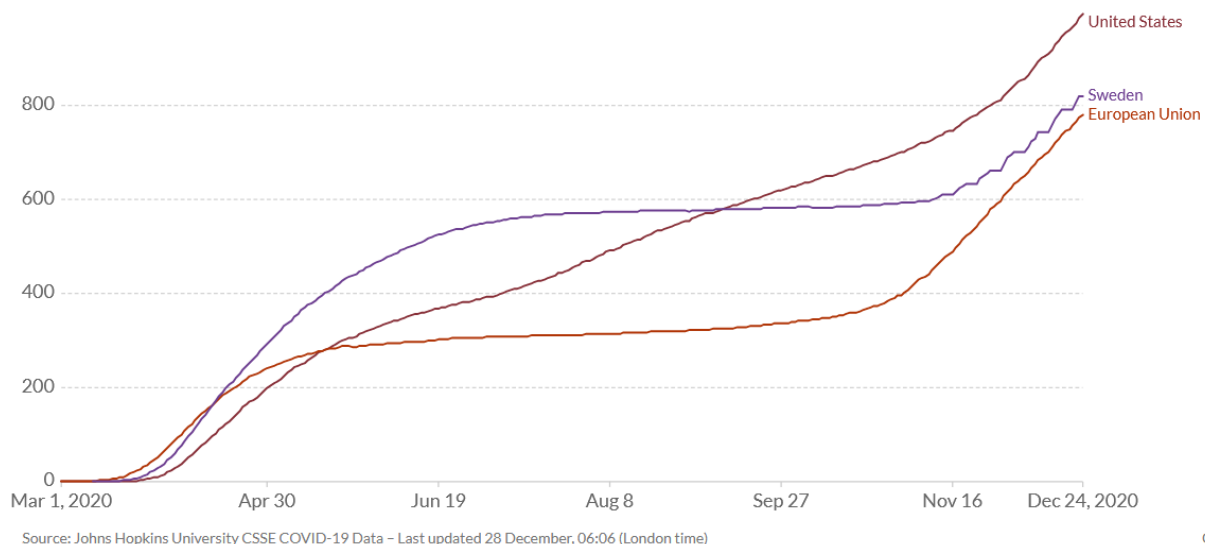
*“The only effective intervention to reduce severe disease and deaths – absent early border controls or all-out totalitarian policies – has been ignored or blocked by most Western health authorities: evidence-based early and prophylactic treatment may have been just too cost-efficient.” Quote from this report <https://swprs.org/covid-the-illusion-of-control/>.*

The chart below shows, covid deaths in Sweden – without lockdowns, masks and primary school closures, and with one of the **lowest ICU capacities** in Europe – are almost identical to the EU average and somewhat lower than in the US. In other words, the many measures proposed by supposed experts have been largely ineffective medically, but highly destructive socially and economically.

### Cumulative confirmed COVID-19 deaths per million people

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World  
in Data

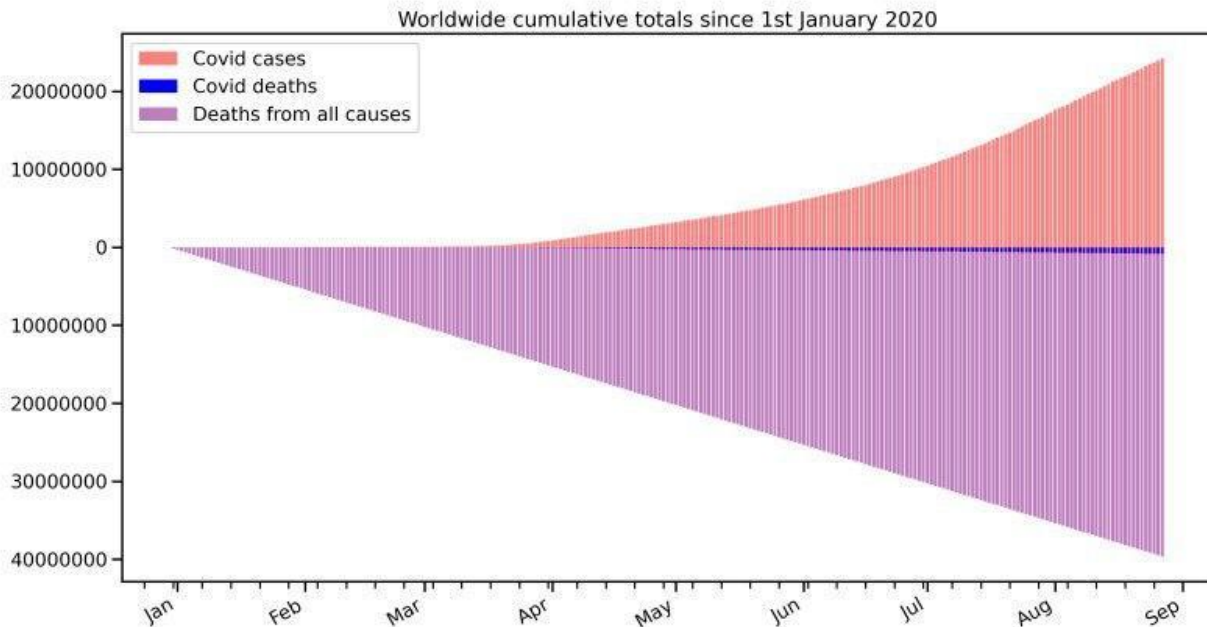


## 1, Lethality

According to the latest immunological studies the overall infection fatality rate in the general population of the world is about 0.1% to 0.5% which is comparable to medium sized flu pandemics of 1957 and 1968.

As of January 19<sup>th</sup>:

- Canada has a population of 38 million / Saskatchewan population 1.1million
- COVID infections for Canada are 725,000 which is 0.19% / Sask cases are 20,871 or 0.189%
- Deaths with COVID are 18,300 for a fatality rate of 0.042% / Sask at 225 or 0.020%
- Hardly pandemic levels when we are less than ¼ to ½ of 1% deaths with over 90% of those deaths having pre-existing conditions and age related (avg: age 82). And while we sympathize for any death, deaths outside this demographic are negligible.



## 2. PCR tests (Ref: C)

1. The actual inventor of the PCR tests, Dr. Kary Mullis states that testing for coronavirus is meaningless

<https://m.youtube.com/watch?v=dVVm1FAiRgl&feature=youtu.be>

### Quotes from the Inventor of the PCR test Dr. Kary Mullis, (1944-2019) winner of the Nobel Prize in Chemistry,

"The PCR Test is a DNA yest that does not detect viruses or illnesses".

"PCR.....It doesn't tell you that you are sick and doesn't tell you that the thing you ended up with really was going to hurt you".

2. A World Health Association notice dated December 14, 2020 admitting that the PCR test is a "hit and miss process with way too many false positives." The so-called cycle threshold is an important parameter as the high cycle load Saskatchewan is using is likely to be picking up numerous false positives.

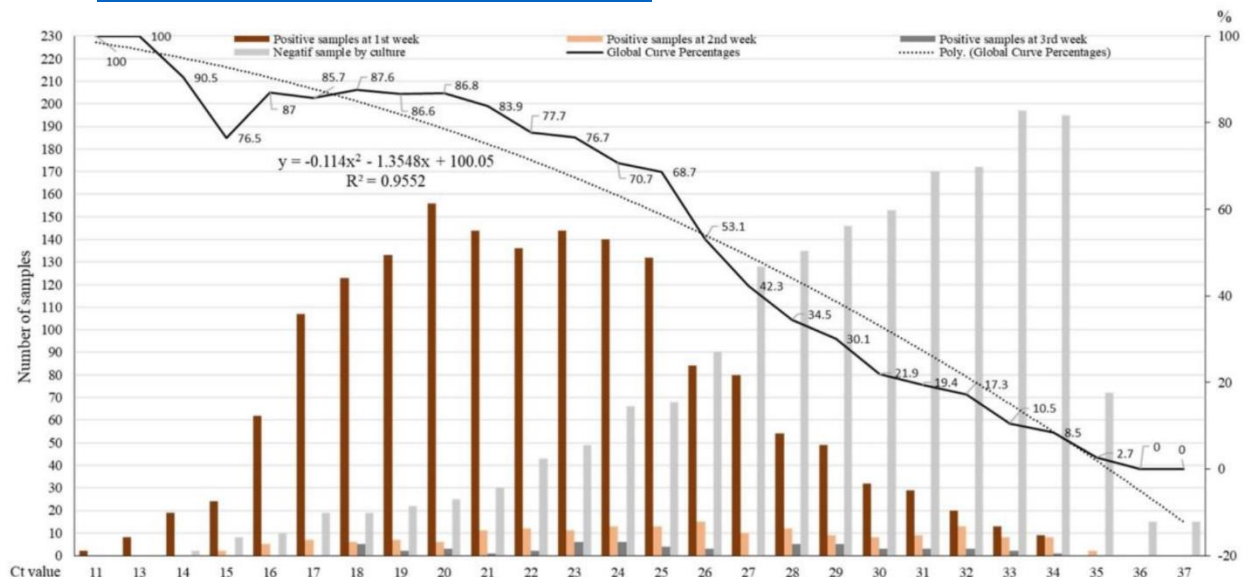
**Cases mean nothing, we need to stop focusing on them, the tests are not accurate, and focus our energies elsewhere.** The WHO restated the above on January 20,

2021 <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

3. The Westphalian Times reached out to Nathalie Grandvaux, the President of the Canadian Society for Virology, Co-director of Réseau Québécois COVID, Director at Laboratory of host-virus interaction at the CHUM, and a Professor at the Université de Montréal to discuss COVID-19 testing in Canada and the government's response. <https://westphaliantimes.com/international-experts-suggest-that-up-to-90-of-canadian-covid-cases-could-be-false-positives/>

"Any test with a cycle threshold **above 35 is too sensitive**, agreed Juliet Morrison, a virologist at the University of California, Riverside. "I'm shocked that people would think that 40 could represent a positive," she told the New York Times. **Saskatchewan is using 36 according to this report.**

#### 4. Swiss Policy Research, Oct. 4/2020, The Trouble with PCR Tests <https://swprs.org/the-trouble-with-pcr-tests/>



PCR cycle threshold (11-37) and positive cell culture (black line, 100% to 0%). The colored bars indicate the number of positive cell cultures per ct per week after infection (1 to 3 weeks).

([Jafaar/Raoult](#))

### 3, Preventative (Prophylaxis) (Ref: G)

Numerous references below show that Canadians are lacking in Vitamin D and that recommendations of high doses of vitamin D along with zinc for all members of the population can reduce the chance of infection or complications with the disease.

**Treatment successes** Swiss Policy Research, comprehensive studies of the effectiveness of vitamins, minerals and prescription drugs to reduce the effects of COVID-19 and deaths. <https://swprs.org/on-the-treatment-of-covid-19/>

#### Zinc

US physicians reported an **84% decrease in** hospitalizations, a **45% decrease** in mortality among already hospitalized patients, and an improvement in the condition of patients **within 8 to 12 hours** based on early treatment with zinc in addition to HCQ.

A Spanish study found that low plasma zinc levels (below 50mcg/dl) increased the risk of in-hospital death of COVID-19 patients **by 130%.**

A US study reported a **rapid resolution** (within hours) of COVID-19 symptoms, such as shortness of breath, based on early outpatient treatment with high-dose zinc.

#### Bromhexine

Iranian doctors reported in a study with 78 patients a decrease in intensive care treatments of 82%, a decrease in intubations of 89%, and a decrease in deaths of 100%.

Chinese doctors reported a **50% reduction** in intubations due to bromhexine treatment.

A Russian study found a **much faster recovery** in hospitalized patients receiving bromhexine.

A German study discusses the efficacy of bromhexine based on biochemical aspects.

#### Vitamin D

In a Spanish randomized controlled trial (RCT), high-dose vitamin D (100,000 IU) reduced the risk of requiring intensive care by 96%.



A study in a French nursing home found an **89% decrease in mortality** in residents who had received high-dose vitamin D either shortly before or during covid-19 disease.  
A retrospective British study of approximately 1000 hospitalized COVID-19 patients found an **80% reduction** in mortality with high-dose vitamin D. COVID-19 survival rate with high-dose vitamin D (red) vs. control (blue) in a nursing home (Annweiler)

A large Israeli study found a strong link between vitamin D deficiency and covid-19 severity.

#### **Aspirin**

A US study showed that aspirin has a strong antiplatelet and anticoagulant effect in COVID-19 patients, which could help prevent infection-related thrombosis, embolism, and stroke.

Another US study found a reduction in COVID-19 mortality at 30 days from 10.5% (control group) **to 4.3%**

The US FLCCC Alliance **recommends aspirin** for prophylactic and early treatment.

### **Pharmaceutical Treatments (Early Outpatient and Late Stage Protocols)**

**Zinc** **inhibits** RNA polymerase activity of coronaviruses and thus blocks virus replication, as first discovered by world-leading SARS virologist Ralph Baric in 2010.

**Ivermectin** (an antiparasitic drug) has strong **anti-viral and anti-inflammatory** properties.

**Hydroxychloroquine (HCQ)** has known anti-viral, anti-thrombotic and anti-inflammatory properties.

**Quercetin** (a plant polyphenol) supports the cellular absorption of zinc and has additional **anti-viral properties**, as first discovered during the SARS-1 epidemic in 2003.

**Bromhexine** (a mucolytic cough medication) **inhibits** the expression of cellular TMPRSS2 protease and thus the entry of the virus into the cell, as first described in 2017.

**Vitamins C and D** support and improve the immune system response to infections.

**Aspirin** may help prevent infection-related thrombosis and embolisms in patients at risk.

**Azithromycin** (an antibiotic) prevents bacterial superinfections of the lung.

**Prednisone** (a corticosteroid) reduces COVID-19-related systemic inflammation.

*References point to existing medical treatments that have been successful in treating COVID-19. **Many of the doctors listed below have testified in front of the US Senate**, pleading with lawmakers to make these procedures widely available to the entire medical community. **These doctors have put their professional reputations on the line to save lives. They have been mocked, censored, and shunned by the media and the government.** But they have been steadfast and exasperated at the same time at the lack of willingness on part of their own government to not make these treatments widely available.*

Numerous doctors in the USA and the countries listed below have adopted these solutions-based approaches to treating COVID-19 and claim mortality rates have been reduced substantially:

Dr. Sten Vermund	Yale University Dean of Public Health
Dr. Harvey Risch	Yale School of Medicine
Dr. Ramon Oskoui	Johns Hopkins Medicine, Cardiologist
Dr. Peter McCullough	Baylor University Medical Center, Cardiologist, Vice-Chief of Medicine
Dr. José Natalio Redondo	Rescue Group of Physicians (Dominican Republic), President
Dr. Pierre Kory	Frontline Covid-19 Critical Care Doctors, President
Dr. George Fareed	Pioneers Medical Center, Medical Director (Brawley, CA)
Dr. Simone Gold	Physician, Lawyer
Dr. Eli Schwartz	Physician

**Alternative approaches** to preventing the spread and mitigating the effects of COVID-19 have been used in other countries and states with **success** including:

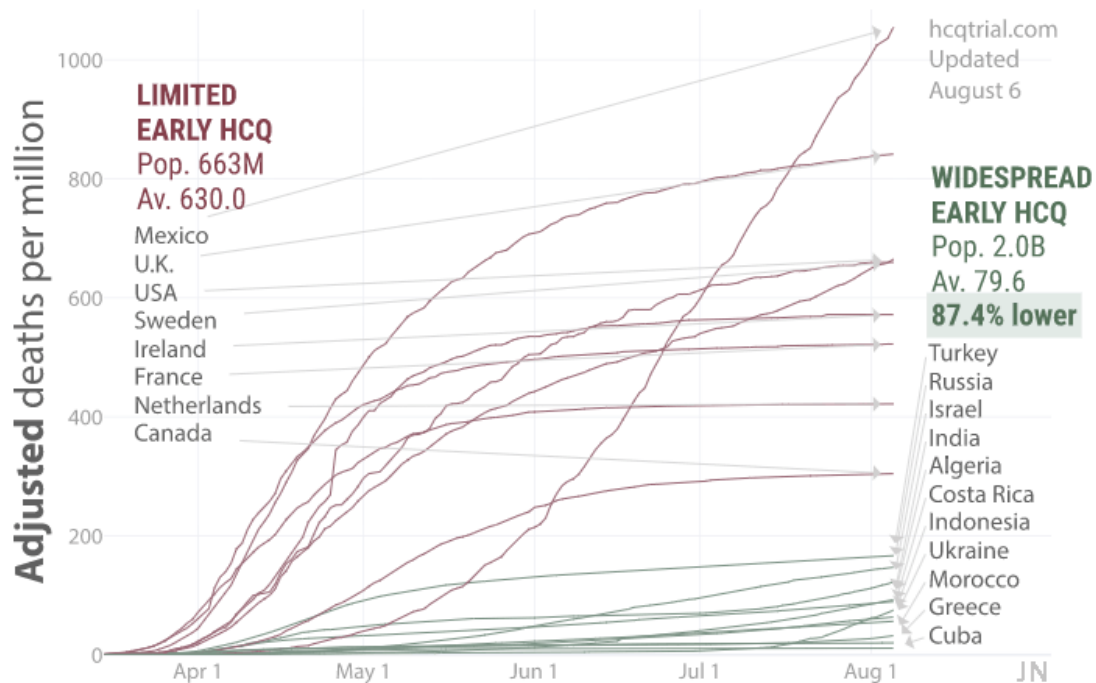
**Greece, Germany, Costa Rica, Cuba, India, Morocco, Israel, Nigeria, Turkey, Russia, Brazil, Ecuador, Bolivia, Dominican Republic, South Korea, Algeria, Senegal, Ukraine, and others.**



**Hydroxychloroquine (HCQ)** has known anti-viral, anti-thrombotic and anti-inflammatory properties.

We bring your attention to a **Worldwide Hydroxychloroquine Study** <https://hcqtrial.com/>

**This trial included 1.8 billion people** in the treatment group and 663 million people in the control group, suggests **a 69.9% lower death rate for countries that actively used hydroxychloroquine (HCQ) versus those that did not.**



*Figure 4. Deaths per million for countries with widespread early HCQ versus those that do not, after adjustment for differences in demographics.*

Many of these countries continued using HCQ even after the WHO warned against it.

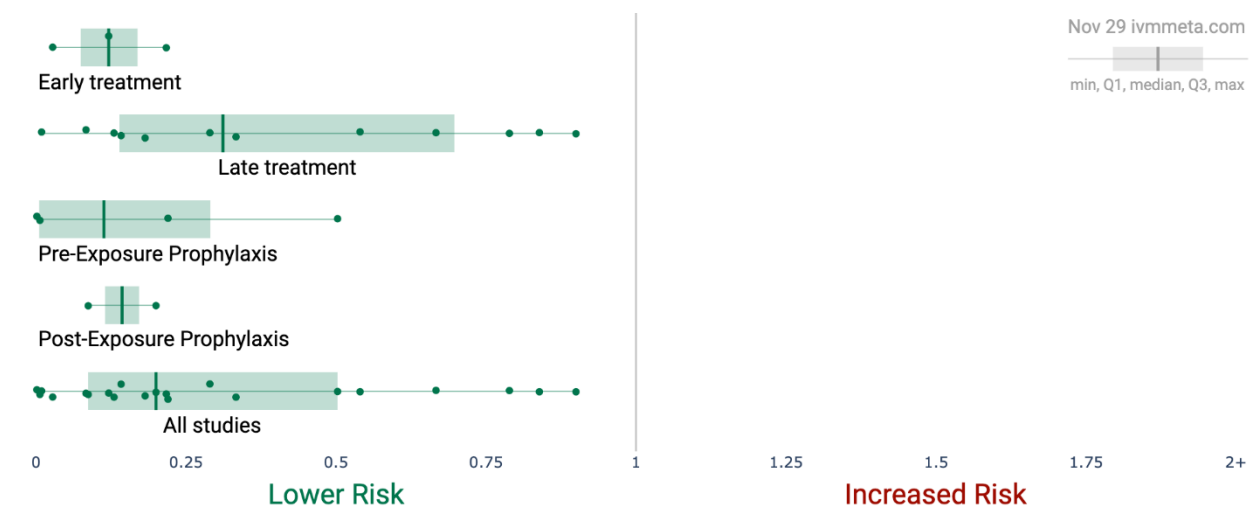
Worthy to note, that you are no doubt aware, **doctors in New Brunswick were using HCQ early** before being told to stop by Health Canada!

## **Ivermectin**

Ivermectin has shown strong anti-viral and anti-inflammatory effects in numerous controlled and observational studies, reducing COVID-19 mortality even in severe cases by **up to 90%**. A first meta-analysis showed that ivermectin is highly effective in prophylaxis, early outpatient treatment and even late-phase inpatient treatment of COVID-19. Based on these results, the **US Front-Line COVID-19 Critical Care Alliance (FLCCC)** **recommends ivermectin for COVID-19 prophylaxis and early treatment.**

In a study of 33 “long COVID-19” patients, treatment with ivermectin resulted in complete resolution of symptoms in **94% of patients**.

A preliminary WHO meta-analysis found that ivermectin reduces COVID-19 mortality **by 83%**.



The above study that relates to this chart on the efficacy of ivermectin and other treatments is found here <https://swprs.org/on-the-treatment-of-covid-19/> . There are numerous supporting references below in the Appendix.

#### **4, Profile and Protecting the most vulnerable**

According to Alberta Health website as we don't have this data in Saskatchewan, as of January 6th, there were:

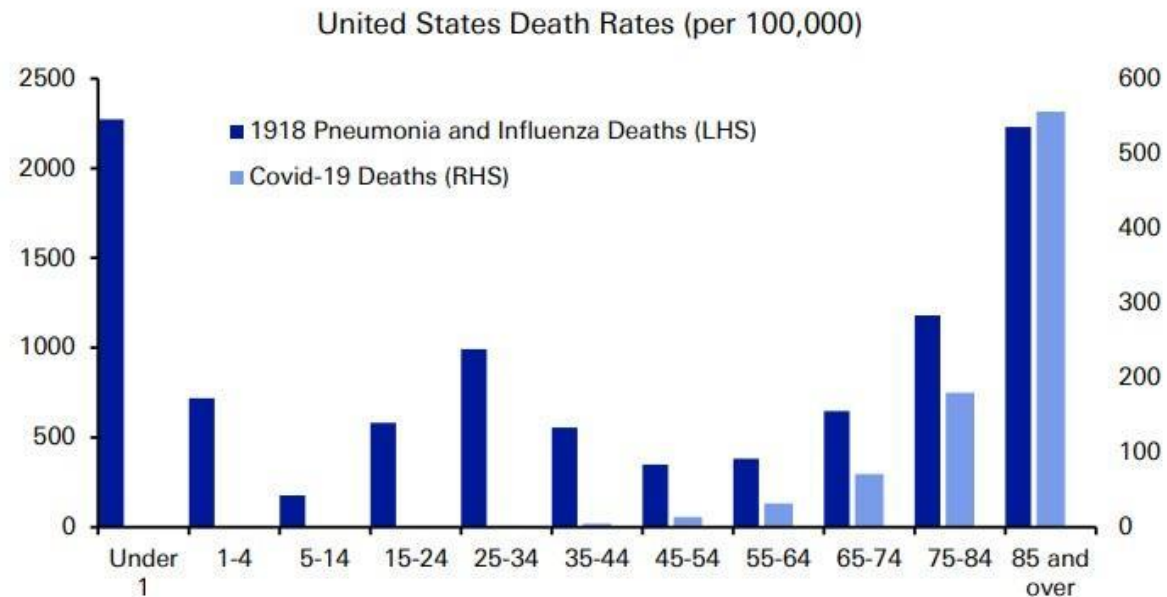
- 968 deaths,
- The average age for death is 82.
- 97% had one pre-existing condition, and
- 86% had two or more, pre-existing conditions.
- Hypertension is far and away the biggest threat, 86% of the deaths in Alberta had hypertension.
- The rest are as follows: dementia 54%, cardi-vascular diseases at 52%, diabetes 43%, renal disease 43%, respiratory disease 40%, cancer 23%, stroke 22%, liver disease 4% and immuno-deficiency disease 2%.

Being that the profile of the most vulnerable is universal around the globe we should be protecting this segment of our population by strongly urging prophylaxis mentioned above to prevent many illnesses and if they should contact COVID-19 then early treatment with re-purposed pharmaceuticals such as hydroxychloroquine (HCQ) and ivermectin, antibiotics such as azithromycin, doxycycline, steroids such as prednisolone need to be explored.

**Question: When have you spoken with Dr. Tam in Ottawa as to why Canada is not using these treatments? Not one of these suggested alternative treatments report any side effects, they have been around for 50 or 60 years and as such have an exceptionally long track record of official human testing and more trusted than the current vaccine being promoted as the fix.**

**Medical professionals are to administer treatments that “do no harm.” These treatments are being used successfully worldwide so why are we allowing our citizens to suffer and sometimes die when we do not use these treatments, both preventative and early treatment? Countries worldwide would not be using them so consistently and commonly if they were harming their people.**

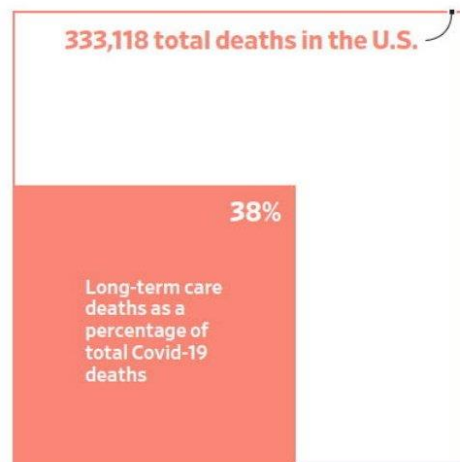
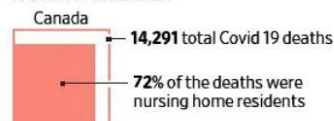
Figure 1: Deaths from Covid-19 have seen a much larger skew by age compared to pneumonia and influenza deaths in 1918 at the time of the Spanish flu



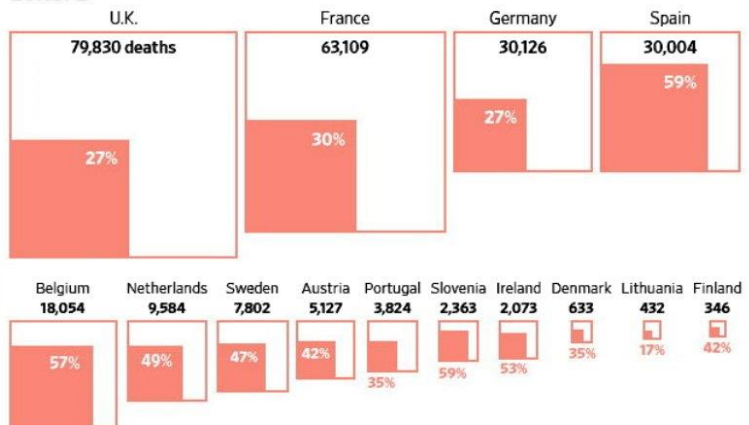
Source : CDC, Vital Statistics Rates in the United States 1900-1940, Census Bureau, Haver Analytics, Deutsche Bank  
 Note: Covid-19 statistics using provisional death counts up to June 27. 1918 deaths using Death-Registration States

Covid-19 has been particularly devastating for residents of long-term care facilities, who represent small fractions of overall populations but huge shares of coronavirus deaths.

#### NORTH AMERICA



#### EUROPE



#### ASIA and OCEANIA



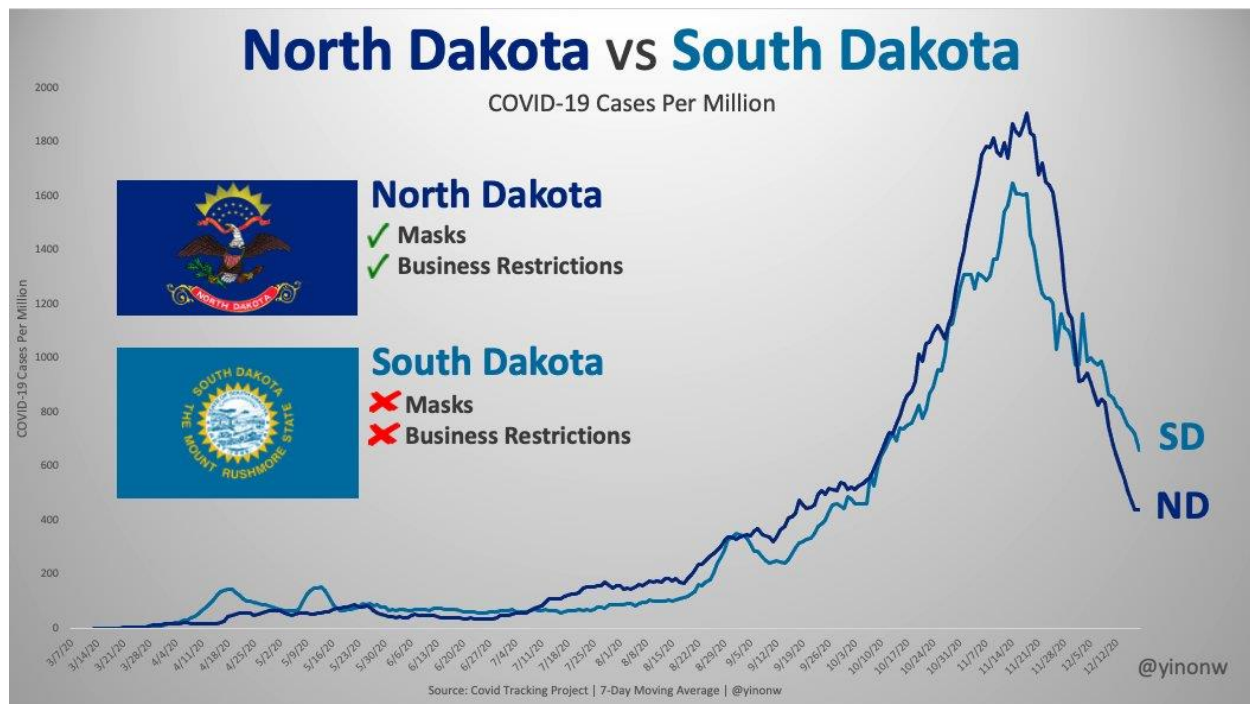
Note: Select countries. National definitions of long-term care and standards for counting the deaths of residents from these facilities often differ. Data from most countries is from late November or more recently; exceptions include Spain, Denmark and Finland, where as-of dates are Sept. 15, Sept. 21 and Oct. 8, respectively. Reporting on U.S. long-term care numbers lag overall Covid-19 death reporting.

Sources: WSJ analysis of data from national and local health and infectious disease authorities; National Institute on Ageing in Canada; Johns Hopkins University

## 5, Collateral Affect of Lockdowns (Ref: A)(Ref: B)

- **Our seniors.** They cannot see their family and yet are still dying at a much higher rate than the rest of the population. They have no community, are afraid and feel as if they are prisoners in their own homes.
- **Our children.** **This virus has not shown to be harmful to kids,** yet we demand as young as two years old to wear a mask which is not healthy for anyone let alone a developing immune system and a developing mind. In school, rules cause fear and confusion, let alone the constant inhalation of harmful chemicals used overzealously to sterilize their environment. And we are completely **denying them of the extra-curricular activities** that are essential to development.
- **Small business owners.** Depression, anxiety, and bankruptcy are but a few examples of what they are facing every day. What is the game plan for them to survive if we have no timeline on how long until we fully reopen the economy?
- **The general public.** A recent study released by Dr. Ari Joffe (Ref A, 1) is an exhaustive and comprehensive report entitled, "Rethinking the Lockdown Groupthink", which emphatically concludes that the lockdowns do **10 times more damage to health of the citizens than they protect.**
- **Or this,** "Every 1 percent increase in unemployment, 37,000 people die," based on research done for a book published in 1982 called *Corporate Flight*. (Ref: Appendix A. 4, NYP article)
- Kevin Henry letter on the economic impacts of not having minor or junior hockey in Saskatchewan not to mention the psychological impacts on young people. (Ref. H, 3)

<https://www.facebook.com/amateursportstv/posts/3724013024346029>



## 6, Masks vs Efficacy (Ref: F)

- **Registry done in Germany for recording the effects of wearing masks in 25,930 children.**  
(Ref F. 2)

Information is starting to come out that may suggest that masks be harming kids physically, mentally and emotionally. Germany created the world's first registry for recording the effects of wearing masks in children where parents, doctors, educators and others can enter their observations. On October 20th, 2020, 363 doctors were asked to make entries and to make parents and teachers aware of the registry.

By October 26, 2020, the registry had been used by 20,353 people and data was logged on a total of 25,930 children. The results are damning.

Impairments caused by wearing the mask were reported by 68% of the parents. These included:

Irritability (60%)

Headache (53%)

Difficulty concentrating (50%)

Less happiness (49%)

Reluctance to go to school/kindergarten (44%)

Malaise (42%)

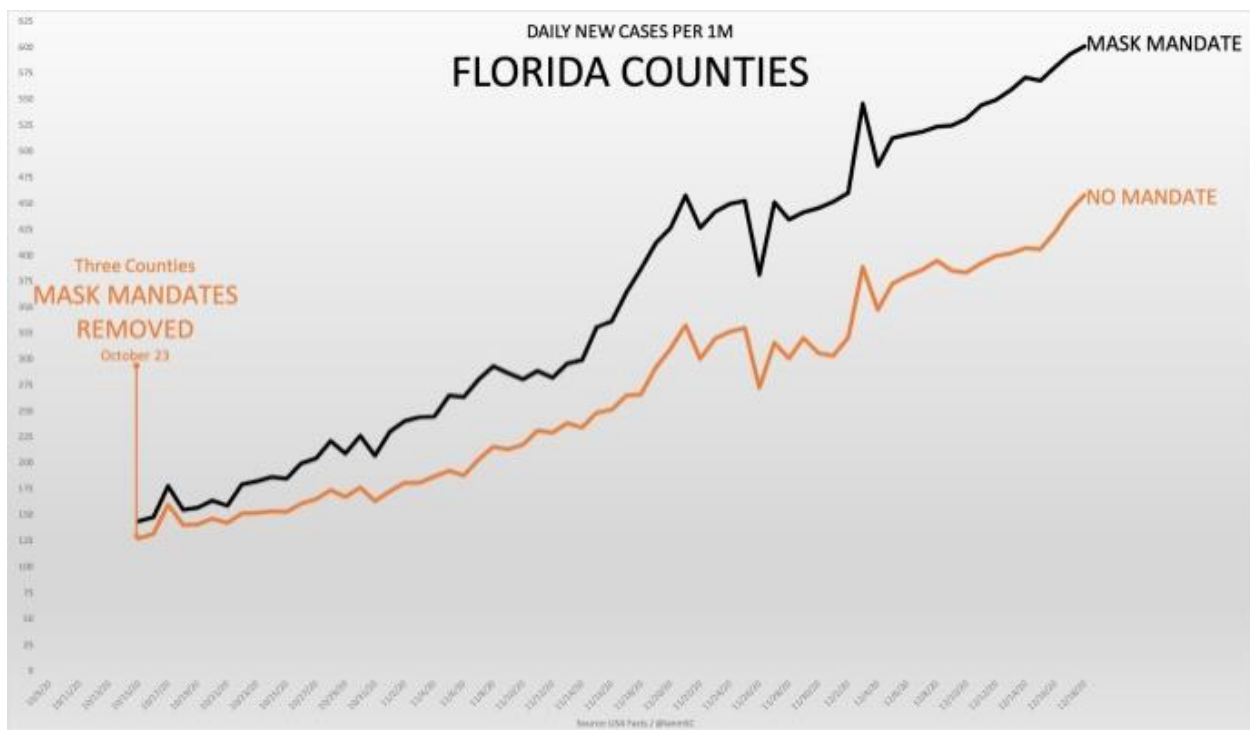
Impaired learning (38%)

Drowsiness or fatigue (37%)

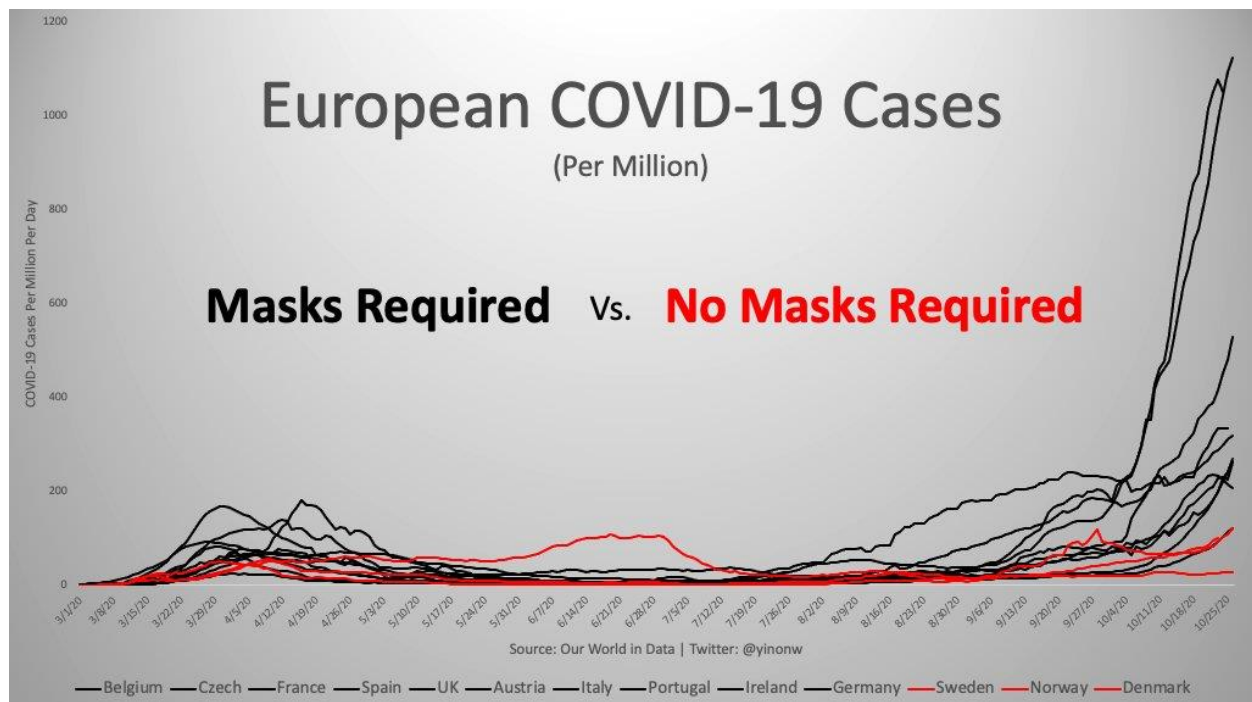
Other physical symptoms included rashes and allergies around the mouth, syncope (20%) nausea (16, 6%), hyperventilation (12%) fainting spells (2,2%)

- **Report from RationalGround.com – study from May 1 through December 15**  
(Ref F. 3)

In states with a mandate in effect, there were 9,605,256 confirmed COVID-19 cases, which works out to an average of 27 cases per 100,000 people per day. When states didn't have a statewide order—including states that never had mandates, coupled with the period of time masking states didn't have the mandate in place—there were 5,781,716 cases, averaging 17 cases per 100,000 people per day.







## 7, The Vaccine (Ref: E)

- Aside from the controversy there are other factors
- To clarify we are not anti-vaxxers however this vaccine is of concern to us.
- How long until it is rolled out, both doses, to all that wish to be inoculated?
- We are told that even after one or two doses people are still able to contact the coronavirus but “should” be immune to getting sick”.
- People are told to continue to be masked up no matter what.
- There is growing evidence of severe side effects and deaths from the vaccine (Ref: E, 1-4)
- How long will we need to continue this masking up, is it after we know what the effectiveness of the vaccine?”
- How long might it be until we know the effectiveness of the vaccine? Two years or longer?
- How much more “collateral damage” caused by lockdowns and masking up will occur until we know?
- The vaccine isn’t the panacea according to numerous studies such as this which state from Pfizer’s own trial results that a risk reduction of approximately 0.84%. **A barely perceptible “efficacy.”** (Ref: Appendix E. 2)

## 8, Government’s Messaging

- It is acknowledged again that the position the Saskatchewan government finds itself is unprecedented and navigating COVID-19 has been a significant undertaking for all.
- We continue to be bombarded with endless statistics and repetitious pleas to comply with public health orders which may be necessary but further induce a fear and anxiety in so many.
- Change the messaging on what people can do for themselves that include **preventative measures aimed at promoting healthier lifestyles to bolster everyone’s immune system.**

- A suggestion to encourage healthy lifestyles as has been suggested by numerous physicians and nutritionists such as **daily exercise, healthy eating, Vitamins D and C and zinc.**
- The website [www.saskhealthauthority.ca](http://www.saskhealthauthority.ca) has no information on how people can naturally boost their immune systems nor does anything come across in your daily feeds on social media. Alberta Health dedicates a full link to Healthy Living <https://myhealth.alberta.ca/health/healthy-living/Pages/default.aspx> Our opinion is that this should be as much of a daily message as washing your hands.

### **We are long overdue for a fresh, proactive and effective approach** (Ref: D)

We believe the steps required would look something like this:

- Focus on the most vulnerable
- Educate the public on how to boost their immune systems as pointed out by Dr. Stephen Malthouse (Ref: Appendix D, Open Letter to Dr. Bonnie Henry)
- Investigate with proposed treatments with professionals mentioned
- Initiate alternative treatments immediately as are being used worldwide including the USA, regardless of Health Canada's agenda
- Fully reopen the hospitals for other medical procedures that have been ignored or delayed.
- Keep the kids in school and restart all extra-curricular activities.
- Drop the mask protocol according to research done and provided
- People that prefer wearing masks are free to continue or even self-isolate.
- Commence to Re-open the economy

We all know that a coronavirus never goes away, and we are unsure of the Provinces end game strategy knowing the virus will always be present.

We are frustrated and sad by the stories of children as young as 12 years old calling 911 or the healthy line because they are depressed, they have no friends to hang out with, are forced to wear a mask at school all day, are not allowed to play sports or attend other cultural or educational extra-curricular activities which are vitally essential to everyone but especially children. We need to get the children back to a normal life; they are not vulnerable.

We are saddened by the numerous stories of the elderly in care homes, or their own homes giving up hope as they lack community and their family when we see other countries are doing more to protect them.

We are bothered by the increase in drug overdoses, the reports of alcohol, spousal and child abuse due to unemployment or anxiety that is fed to our people every day, or they are due to losing everything they worked for in their small business and are suicidal.

The collateral damage from continuing the way we are going across this country is appalling as it has proven to be ineffective. There are numerous examples to show that current practices being used are no more efficient than those jurisdictions that have kept their economy open. Check out the statistics of North Dakota and South Dakota or New York state vs Florida or any of the references we have attached.

History shows Saskatchewan has approached health care in new ways in the past with success. It is with practical problem solving, a willingness to find a better way, and resilience that Saskatchewan should approach the next chapter of this trying tale. But it requires one to go outside of the Health Canada to save lives. We have the opportunity to be leaders, not followers of failed policies.



**Sincerely,  
COALITION for a COMMON SENSE APPROACH TO COVID-19**

## **Members**

Daryl Cooper	Sean Barclay	Maile Crowe	Bonnie Sather
Kurt Pavelich	Nick Paulsen	Randy Valentine	Theresa Thacker-Herd
Erin Stoudt	Darren Stoudt	Kevin Engel	Duane Krip
Trudy Billett	Rick Billett	Kelly Cooper	Reid Cooper
Niall Schofield	Darrell Mills	Nona Stronski	Ron Haaland
Heather Haaland	Ray Carrick	Gary Etherington	Stephen Payford
Melanie Poworoznyk	Alvin Toulejour	Tillie Dyck	Cheryl Maurice
Russell Barton	Lynn Duterte	Jasmin Grandell-Health Student	
Sally Siroski	T. Dolphyn Boschman	Ethan Fisher	Lorraine Cooper
Rick Langlais	Bryon Lightfoot	Jack McNernie	Jim Southam
Don McMillan	Rena Brennan	Darren Joel	Dale Norrish
Darryl Olson	Vic Snider	Warren Seed	Scott Forrest
Lisa Brassington	Doug Brown	Glen Jess	Linda Cimpric
Joan McMillan	Dustin Mills	Shelby Mills	Steve Olson
Jess Harris	Sean Kozak	Morris Gelbfarb	Sheila Mills
Shay Dorosh	Rob Rowan	Carry Samsom	Crusty Canuck
Trevor Wowk	Anita Givens	Steven Niles	Tamara Lavoie
Jodi Duff	Kevin Charlton	Lisa Arcand	Jason Bennett
Lisa Heinbigner	R.B. Ham	Dale Blenkinsop	Bart Mankowski
Schay Graham	Vladislav Sobolev	Randal Kachur	John Irwin
Kevin Henry	Janeen Covlin	Bernie Niska	Marilyn Trumier
Bernie Nash	Samantha Flatman	Amanda Wehner	Adam Skelly
Steve Prpich	Dylan James	Steven Ernst	Ashley Hein
Mattea Merta			

**Below is numerous reference material, some with comments to back up what we have provided here.**

**We wish to reiterate we have no motive other than to help people of this province. We are simply tired of watching failed policies continue while people suffer needlessly.**

The links (urls) all work but may need to be “copy and pasted” into your search

## Appendix

We have attached some additional research and papers to support our own work.

### A. Lockdowns and Collateral Damage of them

1, An interview dated January 9, 2021 by Anthony Furey of the Toronto Sun with **Dr. Ari Joffe**, Pediatric Infectious Disease Specialist at Stollery Children's Hospital in Edmonton, and Clinical Professor in the Department of Pediatrics at University of Alberta. Dr. Joffe includes thorough material including the “collateral damage” caused by lockdowns. <https://torontosun.com/opinion/columnists/canadian-experts-research-finds-lockdown-harms-are-10-times-greater-than-benefits>

and

[https://macdonaldlaurier.ca/files/pdf/20201209\\_Rethinking\\_lockdowns\\_Joffe\\_COMMENTARY\\_FWeb.pdf](https://macdonaldlaurier.ca/files/pdf/20201209_Rethinking_lockdowns_Joffe_COMMENTARY_FWeb.pdf)

- States that the infection mortality rate for those over 70 is 0.23% and under 70 only 0.05%.
- Shows a cost-benefit analysis of lockdowns and concluding that lockdowns cause far more harm than they prevent.
- Quote from article. *“the costs of lockdowns are at least 10 times higher than the benefits. That is, lockdowns cause far more harm to population wellbeing than COVID-19 can. It is important to note that I support a focused protection approach, where we aim to protect those truly at high-risk of COVID-19 mortality, including older people, especially those with severe co-morbidities and those in nursing homes and hospitals.”*

2, The Great Barrington Declaration, signed by more than 40,000 health scientists and medical doctors from around the world. <https://gbdeclaration.org/>

- Quote from the Declaration, *“The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection. Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19.”*

3, Regina CTV report January 11, 2021 that drug overdoses killed more people in Saskatchewan last year than COVID. Collateral damage?

[https://regina.ctvnews.ca/video?cid=sm%3Atrueanthem%3Actvregina%3Apost&clipId=2116691&utm\\_campaign=trueAnthem%3A%20Trending%20Content&utm\\_medium=trueAnthem&utm\\_source=facebook&fbclid=IwAR3NF6eqAbMg4O3nP5yoEpXBLxtFg\\_J38fzQMs1Mpc-UKKWU7emeGVqh0sM](https://regina.ctvnews.ca/video?cid=sm%3Atrueanthem%3Actvregina%3Apost&clipId=2116691&utm_campaign=trueAnthem%3A%20Trending%20Content&utm_medium=trueAnthem&utm_source=facebook&fbclid=IwAR3NF6eqAbMg4O3nP5yoEpXBLxtFg_J38fzQMs1Mpc-UKKWU7emeGVqh0sM)

4, New York Post article, April 20, 2020 “Is unemployment really as deadly as coronavirus?”

<https://nypost.com/2020/04/20/explaining-the-link-between-unemployment-deaths-amid-coronavirus/>

- “Every 1 percent unemployment goes up, 37,000 people die based on research done for a book published in 1982 called “Corporate Flight.”
- Here’s the paragraph from book that applies: “According to one study [the one by Bluestone et al.] a 1 percent increase in the unemployment rate will be associated with 37,000 deaths [including 20,000 heart attacks], 920 suicides, 650 homicides, 4,000 state mental hospital admissions and 3,300 state prison admissions.”

5, Newsweek article Jan 14, 2021. Peer reviewed study published Jan.5, 2021 by Stanford researchers showed no benefit for spreading coronavirus from the most restrictive, non-pharmaceutical mandatory lockdowns vs voluntary.

<https://www.newsweek.com/covid-lockdowns-have-no-clear-benefit-vs-other-voluntary-measures-international-study-shows-1561656>

The study itself, <https://onlinelibrary.wiley.com/doi/10.1111/eci.13484>

6, Article by Dr. Matt Strauss, Assistant professor of Medicine at Queens University, Toronto and former Director of the Critical Care Unit at Guelph General Hospital <https://www.spectator.co.uk/article/a-medics-case-against-another-lockdown>

7, CTV News article January 14, 2021, Canadians reporting all time high in mental health problems. <https://www.ctvnews.ca/health/coronavirus/canadians-reporting-more-anxiety-and-depression-than-ever-before-poll-finds-1.5266911>

8, Research report published in the Lancet on data from 50 countries found that full lockdowns were not associated with decreased mortality from COVID-19. <https://www.spectator.co.uk/article/a-medics-case-against-another-lockdown>

9. Letter from Dr, Richard Schabas, former Ontario Chief Medical Officer of Health (1987-97) <https://www.msn.com/en-ca/news/canada/ontario-lockdown-not-supported-by-strong-science-says-former-chief-medical-officer-of-health/ar-BB1cVR5Q>

## **B. Deaths (held accountable)**

1. A November 22, 2020 report on the research of Genevieve Briand, assistant program director of the Applied Economics masters degree program at John Hopkins University.

<https://web.archive.org/web/20201126223119/https://www.jhunewsletter.com/article/2020/11/a-closer-look-at-u-s-deaths-due-to-covid-19>

- *She describes that there has not been an increase in number of deaths from COVID-19, just a re-naming of the cause of death.*

2. A study by the Journal of the American Medical Association reported in the Washington Examiner showing that while the US recorded an increase in expected deaths of 20% *only 67% were COVID related.*

- Quote from this article *"Beyond the staggering U.S. deaths caused directly by the novel coronavirus, more than 134,200 people have died from Alzheimer's and other forms of dementia since March. That is 13,200 more U.S. deaths caused by dementia than expected, compared with previous years," the Post reported.* And *"The lockdowns led to wide unemployment and economic recession, resulting in increased drug and alcohol abuse and increases in domestic abuse and suicides. Most studies in a systematic literature review found a positive association between economic recession and increased suicides,"*

## **C. PCR Tests (Inaccurate)**

The actual inventor of the PCR tests states that testing for coronavirus is meaningless

<https://m.youtube.com/watch?v=dVVm1FAiRgl&feature=youtu.be>

Other testimony from doctors.

Dr. Yeadon: <https://youtu.be/D1onx7LaNio>

Dr Bhakdi: <https://rumble.com/vcsg8l-dr.-sucharit-bhakdi.html>

A World Health Association notice dated December 14, 2020 admitting that the PCR test is *a “hit and miss process with way too many false positives.”* <https://principia-scientific.com/who-finally-admits-covid19-pcr-test-has-a-problem/?fbclid=IwAR151vHxuCBufgWkZ5ZRC1zwz4-KSFIT18iXwkKI5u6ywBjYkOSK5L3-sXE>

- Why do we keep promoting testing when we could be focusing on treating the vulnerable?

Corman-Drosten Review Report

<https://cormandrostenreview.com/report/>

## **D. Open Letters from Respected Medical Professionals and Politicians**

### **Open Letter to British Columbia Health by Physician**

An Open Letter to Dr. Bonnie Henry, Provincial Health Officer for British Columbia from Dr. Stephen Malthouse, Physician from British Columbia. <https://vaccinechoicecanada.com/in-the-news/open-letter-to-dr-bonnie-henry-from-dr-stephen-malthouse/>

- *He laid out a similar vision as we have to BC Health asking many questions we are, such as why are we not at the very least promoting boosting immune systems by the use of Vitamin D?*

### **Open Letter to Ontario Premier Doug Ford by former Chief Medical Officer**

Former chief medical officer of health Dr Richard Schabas for Ontario sent an open letter to Doug Ford on Monday, criticizing the province's lockdown strategy and backing up ousted MPP Roman Baber. <https://www.msn.com/en-ca/news/canada/ontario-lockdown-not-supported-by-strong-science-says-former-chief-medical-officer-of-health/ar-BB1cVR5Q>

- States that the lockdowns are not supported by strong science
- Supports the letter by ousted Con MPP Roman Baber

### **Open Letter to Ontario Premier Doug Ford by MPP Roman Baber**

[https://twitter.com/Roman\\_Baber/status/1350089062800105473/photo/1](https://twitter.com/Roman_Baber/status/1350089062800105473/photo/1)

- Lockdowns are causing an avalanche of suicides, overdoses, divorces, bankruptcies and takes an immense toll on children.

## **E. Vaccine (Effectiveness/Risk-Reward)**

1, Article entitled, "What Vaccine Trials" December 23, 2020 <https://in-this-together.com/vaccine-trials/?fbclid=IwAR3pLf9gElwvPYlme4z7KgwZwHRojv71wMKWsbvPef-dSryODbbPOXVu58s>

This article claims:

- *"There were no peer-reviewed publications available on efficacy of any severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccines..."*
- Not approved by the FDA, rather, they were granted use under the FDA's Emergency Use Authorization. Essentially, they have not completed Phase III let alone Phase I.
- PfizerBioNTech claim their vaccine is 95% effective and yet the article describes what appears to be misleading math to arrive at this number, you be the judge. Quote from the article.
- Using Pfizer's figures, the relative risk reduction is  $100(1 - (0.044/0.88))$ . Which is 95%. This sounds fantastic and is a much better marketing strategy.
- However, "The absolute risk of developing COVID 19 symptoms without the vaccine is supposedly 0.88% and with the vaccine 0.044%. In absolute terms, the *effectiveness* of the vaccine is  $(0.88-0.044)\%$ ."

**A risk reduction of approximately 0.84%. A barely perceptible "efficacy."**

### **2, Vaccine injuries or deaths.**

- The vaccine could be worse considering the lack of knowledge of its effect on our health. Already major reactions such as anaphylaxis shock. Deaths are being reported worldwide from the vaccine including a healthy 56 year named Dr. Gregory Michael <https://www.facebook.com/photo?fbid=10157817788163977&set=a.10150351944308977> and nurse, Tiffany Dover, 30 years old. [https://newtube.app/user/DrunkardCow/MqzUpWi?fbclid=IwAR355PT3wORpRRAS0PaBLwI0Heisg0QThg0Dgmfw-5qmqp7\\_89grGZCbqr0](https://newtube.app/user/DrunkardCow/MqzUpWi?fbclid=IwAR355PT3wORpRRAS0PaBLwI0Heisg0QThg0Dgmfw-5qmqp7_89grGZCbqr0)
- Norwegian Medicine Agencies report 23 deaths, 13 of which were confirmed to be from the vaccine. It is mostly in the population that we want to protect the most, the frail and the old. <https://norwaytoday.info/news/norwegian-medicines-agency-links-13-deaths-to-vaccine-side-effects-those-who-died-were-frail-and-old/>
- Deaths by Coincidence, Robert Kennedy Jr. [https://childrenshealthdefense.org/defender/death-by-coincidence/?utm\\_source=salsa&eType=EmailBlastContent&eld=761dac27-c56c-48fd-956d-34abe8722c44](https://childrenshealthdefense.org/defender/death-by-coincidence/?utm_source=salsa&eType=EmailBlastContent&eld=761dac27-c56c-48fd-956d-34abe8722c44)  
Numerous deaths being reported worldwide being sloughed off as "coincidences."  
Efficacy of 0.88% means that to avert one mild case of COVID-19, they need to administer the Pfizer vaccine to 155 people. In the first 200,000 doses in the USA, 5,000 people reported serious injuries. That means for every 150 people vaccinated at three people will get sick.
- An extremely critical report on the dangers of the PfizerBioNTech vaccine. <https://journal-neo.org/2020/11/13/what-s-not-being-said-about-pfizer-coronavirus-vaccine/>  
BioNTech signed an agreement with the Bill and Linda Gates Foundation just days before China announced its first case of COVID-19 and "just" before BioNTech made its stock market debut. BioNTech also has a contract with one of China's largest drug producers to develop an mRNA vaccine for them.  
Pfizer then teamed up with BioNTech, a company who has never made a vaccine to develop the vaccine. Pfizers CEO sold 62% of his stock in Pfizer the day his company announced the proposed vaccine trials.  
Human tests went on at the same time that same time as the animal tests. Never been done before.

## **F. Masks**

### 1 Masks efficacy

<https://swprs.org/face-masks-evidence/>

### 2, German Study December 2020

[https://www.researchgate.net/publication/347749777 Corona children studies Co-Ki First results of a Germany-wide registry on mouth and nose covering mask in children](https://www.researchgate.net/publication/347749777_Corona_children_studies_Co-Ki_First_results_of_a_Germany-wide_registry_on_mouth_and_nose_covering_mask_in_children)

### 3, Rational Ground Report

<https://rationalground.com/after-nine-months-we-still-know-masks-dont-work/>

## **G, Treatments**

*It is worthy to note that these drugs have been around for 50 or 60 years and have went through much stronger testing protocol, human usage than the recommended vaccine. **These treatments are considered as a “do no harm” treatment.** The claims vary depending on the physician, but they report a **reduction of 50% to 90% mortality** for the elderly or immune compromised, when treated early.*

*The potential positive effect of any of these treatments is worth exploring and should not be dismissed merely because the doctors identified above (and many others) are shunned by the mainstream. Ignoring the success of their practical approaches to preventing and treating COVID-19 merely because they don't fit into convenient narratives is irresponsible. Rather, their genuine care for people over what others think of them and against constant ridicule and threats should be applauded and copied.*

### 1.Covexit study on positive results from use of Prophylaxis

<https://covexit.com/new-study-further-confirms-effective-prophylaxis-for-covid-19/>

### 2.Henry Ford Health Centre study , Positive study with use of Hydroxychloroquine

<https://www.henryford.com/news/2020/07/hydro-treatment-study>

### 3. HCQ used in Canada

Another to check out is the fact that New Brunswick approved the use of HCQ in April using similar protocol the doctors in the USA mentioned above are using. However, in May, Health Canada banned them from using it after directions from the WHO.

[https://www.palmerfoundation.com.au/new-brunswick-moves-forward-with-hydroxychloroquine/?fbclid=IwAR3VSCKwS-2HumiCZD\\_yaRJsoTujkr4kfaTa4ybVNDIYHWuILSPYqvgAa2U](https://www.palmerfoundation.com.au/new-brunswick-moves-forward-with-hydroxychloroquine/?fbclid=IwAR3VSCKwS-2HumiCZD_yaRJsoTujkr4kfaTa4ybVNDIYHWuILSPYqvgAa2U)

4, Frontier Centre for Public Policy, <https://fcpp.org/2020/11/08/hydroxychloroquine-is-widely-used-around-the-globe/>

**5, Frontline COVID-19 Critical Care Alliance** <https://www.newswise.com/coronavirus/dr-pierre-kory-president-of-the-flccc-alliance-testifies-before-senate-committee-on-homeland-security-and-governmental-affairs-looking-into-early-outpatient-covid-19-treatment>

**6, Dr. Harvey Risch testimony to the US Senate**  
<https://www.hsgac.senate.gov/imo/media/doc/Testimony-Risch-2020-11-19.pdf>

**7, Scientific Report** [www.nature.com](http://www.nature.com) **November 19/2020**

**Vitamin D lessens getting the disease by 77%**

Vitamin D deficiency markedly increases the chance of having severe disease after infection with SARS Cov-2. The intensity of inflammatory response is also higher in vitamin D deficient COVID-19 patients. This all translates to increase morbidity and mortality in COVID-19 patients who are deficient in vitamin D. Keeping the current COVID-19 pandemic in view authors recommend administration of vitamin D supplements to population at risk for COVID-19.

<https://www.nature.com/articles/s41598-020-77093-z>

**8, The Lancet paper that halted hydroxychloroquine trials has retracted their claims after the author could no longer back up his false claims that HCQ causes harm.**

[https://www.theguardian.com/world/2020/jun/04/covid-19-lancet-retracts-paper-that-halted-hydroxychloroquine-trials?fbclid=IwAR1VrZ-JJGCEDwFs9MM9MUwdOr2nKcob2Bj\\_9YOjnuc0L1zGjJ1Nmc5YaEc](https://www.theguardian.com/world/2020/jun/04/covid-19-lancet-retracts-paper-that-halted-hydroxychloroquine-trials?fbclid=IwAR1VrZ-JJGCEDwFs9MM9MUwdOr2nKcob2Bj_9YOjnuc0L1zGjJ1Nmc5YaEc)

## **H, Multiple Applications**

1, Covexit  
<https://covexit.com/>

**2, Children are not at risk and COVID-19 is here to stay, Toronto Sun. Anthony Furey. January 2021.**  
[https://torontosun.com/opinion/columnists/furey-here-are-some-covid-19-facts-not-enough-canadians-know?fbclid=IwAR1\\_adZueUTAAcOT\\_QqG\\_LOENArDL6ABr3y\\_UocXGTHcbFdP0yAHxQOrsdk](https://torontosun.com/opinion/columnists/furey-here-are-some-covid-19-facts-not-enough-canadians-know?fbclid=IwAR1_adZueUTAAcOT_QqG_LOENArDL6ABr3y_UocXGTHcbFdP0yAHxQOrsdk)

3, Letter to Premier Moe Kevin Henry BsN, Hockey Canada HP1  
Player Representative ( Ind)  
Performance Hockey Development  
Program Director  
Metis Nation of Saskatchewan  
Program Coordinator

Dated January 24, 2021



Kevin Henry  
Letter.pdf